

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/02/2025	
NAME OF PROVIDER OR SUPPLIER  TOWNE CENTRE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP COD 7252 ARTHUR BLVD MERRILLVILLE, IN 46410			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00444826, IN00445088, IN00445291, IN00445701, IN00445944, IN00447134, IN00447573, and IN004450377.</p> <p>Complaint IN00444826 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445088 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445291 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445701 - State deficiencies related to the allegations are cited at R0349.</p> <p>Complaint IN00445944 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00447134 - State deficiencies related to the allegations are cited at R0349.</p> <p>Complaint IN00447573 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN004450377 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 30 and 31, 2024 and January 2, 2025</p> <p>Facility number: 002392</p> <p>Residential Census: 212</p> <p>These State Residential Findings are cited in</p>			R 0000	<p>"This plan of correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on conclusions drawn therefrom- Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as the concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carmella Owens

DON

01/16/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0349  Bldg. 00	<p>accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 1/6/25.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to follow up documentation of a new skin condition for 1 of 3 residents reviewed for change in condition. (Resident D).</p> <p>Finding includes:</p> <p>Resident D's record was reviewed on 12/30/24 at 9:56 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, and dementia.</p> <p>The Service Plan, dated 9/23/24, indicated the resident was oriented to person and was moderately cognitively impaired for daily decision making. She had frequent behaviors and often refused care from staff members.</p> <p>A Nurses' Note, dated 10/16/24 at 6:50 p.m., indicated the resident's family was visiting with the resident and they had a concern about discolorations to the resident's left upper arm. An assessment was completed, and the resident had a skin discoloration that was yellowish and fading to the left upper arm. The family was concerned about discoloration on the shoulder. The area was assessed and was noted also fading with yellowish discoloration. The family was informed the resident was currently taking a blood thinner and the skin could easily discolor. The family was reminded that the resident was ambulatory and if</p>			R 0349	<p>Corrective Actions for Affected Residents: The resident affected by the deficient practice no longer resides at the community.</p> <p>Identification of Other Potentially Affected Residents: From 1/9/25 to 1/15/25, an audit of the nurses' notes for the past 90 days was conducted for all residents by the Director of Nursing (DON) and designee. No evidence was found to indicate that other residents were affected by the deficient practice.</p> <p>Measures to Prevent Recurrence: On 1/9/25, an in-service training was conducted for all staff regarding proper documentation and the duration of the 72-hour monitoring process. This training included instruction on recognizing the early signs of skin discoloration and documentation duration compliance. Additionally, on 1/9/25, staff received education on the importance of reporting and monitoring any changes in skin condition. To ensure that this deficient</p>		01/15/2025

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	<p>she bumped into anything while walking, she could easily bruise. The resident also would become angry and had been seen by staff hitting things and hitting her hands together.</p> <p>A Nurses' Note, dated 10/16/24 at 7:00 p.m., indicated the family informed the staff the resident was having redness on her buttocks. The area was assessed and was red with no blanching, no swelling, and no tenderness. The area was cleaned, patted dry, and applied skin barrier cream. The family was informed and the Physician was made aware of the areas.</p> <p>A Service Plan addendum, dated 10/17/24, indicated the family member had a concern with bruising. A skin assessment was completed with yellowish areas that were fading. The resident was currently taking Xarelto (blood thinner). A new care plan was initiated to promote skin integrity. Interventions included skin assessments during showers and ADL (activities of daily living) care when resident was cooperative and avoid using rough or abrasive washcloths during care.</p> <p>There were no further follow up assessments or monitoring of the skin discolorations.</p> <p>During an interview on 1/2/24 at 9:38 a.m., the Director of Nursing indicated any time a new skin discoloration was found the area should be assessed and monitored for at least 3 days per the policy.</p> <p>The policy titled, "Skin Discoloration/Skin Redness Policy," indicated " ...In the event that any discoloration, open skin area, or redness is noted on a resident's skin, the attending nurse must take immediate action by monitoring the condition for a minimum of 72 hours. During this</p>				<p>practice does not recur, the DON and/or designee will complete monthly nursing staff education sessions for six months. Furthermore, the DON, unit manager, or designee will review all residents with changes in condition and their nurses' notes three times a week using a monitoring tool for the next six months.</p> <p>Monitoring and Documentation: The correction action will be monitored utilizing an audit tool to document findings.</p> <p>Date of Implementation for Systemic Changes: Systemic changes will be fully implemented by 1/15/2025.</p>		

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	period, the nurse should document any changes in the condition and ensure that the family and attending physician are promptly notified ..."  This citation relates to Complaint IN00445701 and IN00447134.						